

CLIENT SURVEY

Date: _____

Please answer the following questions using the responses below. You do not need to put your name on this form. All information will be kept private.

A. Strongly Agree B. Agree C. Disagree D. Strongly Disagree

My court program case manager was: _____

Type of services received: (Check all boxes that apply) Agency Name: _____

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Education II | <input type="checkbox"/> Group Counseling |
| <input type="checkbox"/> Alcohol Education III | <input type="checkbox"/> Education/Group Counseling |
| <input type="checkbox"/> Marijuana Education | <input type="checkbox"/> Intensive Outpatient (IOP) |
| <input type="checkbox"/> AA/NA/CA | <input type="checkbox"/> Education/IOP |
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Inpatient Treatment |

- _____ I feel that the court program staff were courteous and professional.
- _____ During orientation, the staff explained my rights, responsibilities, and the issue of confidentiality.
- _____ I feel the assessment process was adequate to determine my needs.
- _____ I feel that the level of education or treatment required was appropriate.
- _____ I understood what was expected for a successful completion of the program.
- _____ I feel that the staff provided adequate monitoring of my progress.
- _____ I feel the facility housing the court program was safe and provided an adequate amount of privacy for my appointments.

Education only

- _____ I feel the instructor(s) were knowledgeable.
- _____ I feel the instructor(s) helped me understand the information.
- _____ I feel the instructor(s) were courteous and professional.
- _____ I feel the class size was appropriate. My class had about _____ clients.
- _____ I feel overall that the education material was valuable information to help me change my drinking/using behavior.
- _____ I feel that the handouts were helpful in my understanding of the material presented.
- _____ I feel the activities and exercises were helpful in my understanding of the material presented.
- _____ I feel the videos were helpful in my understanding of the material presented.

Treatment only

- _____ I feel my counselor was knowledgeable.
- _____ I feel my counselor was helpful.
- _____ I feel the treatment agency staff were courteous and professional.
- _____ I feel the treatment staff followed the rules of confidentiality in my case.
- _____ I feel the cost of the treatment was appropriate for what I received.
- _____ I paid about \$_____ to my treatment agency.
- _____ I feel the treatment I received will help me stay clean/sober in the future.

Discharge

- _____ I completed my program requirements and was discharged **Successfully**.
- _____ I did not complete my program requirements and I was discharged **Unsuccessfully**.

Please write any comments on the back of this form and return to:

7-05-la

Page 1 of 1

Name of Program

Address of Program

Attn: Director/Designee